



## PART B - FEE(S) TRANSMITTAL

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7590

09/28/2006

BorgWarner Inc.  
Patent Administrator  
3850 Hamlin Road  
Auburn Hills, MI 48326-2872

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12/26/2006 SSITH182 00000001 10773108

01 FC:1501

02 FC:1504

1400.00 OP

300.00 OP

Philip R. Warn	(Depositor's name)
	(Signature)
December 19, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/773,108	02/05/2004	Andy Yu	DKT99097A	3939

TITLE OF INVENTION: TRANSFER CASE WITH OVERDRIVE/UNDERDRIVE SHIFTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, HA DINH	3681	475-311000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Warn, Hoffmann, Miller &amp; LaLone, P.C.

2 Greg Dziegielewski

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BorgWarner Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Auburn Hills, MI

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

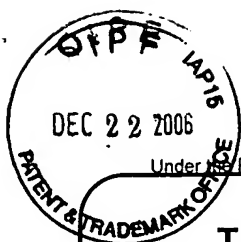
Date December 19, 2006

Typed or printed name Philip R. Warn

Registration No. 32775

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/773,108

Filing Date

February 5, 2004

First Named Inventor

Andy Yu et al.

Art Unit

3681

Examiner Name

Ha Dinh Ho

Attorney Docket Number

DKT 99097A (BWI-00082)

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Issue Fee Transmittal Form PTOL-85;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Fee Address Indication Form; Check;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b>	

Enclosed is a check in the amount of \$1700 (\$1400 - Issue Fee; \$300 - Publication Fee). In the event that overpayment occurs, or if any additional fees are due in order to prevent the abandonment of this application, please consider this as authorization to credit/charge Deposit Account No. 501612 (Warn, Hoffmann, Miller & LaLone, P. C.) for any such fees. A duplicate copy of this document is enclosed for this purpose.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Warn, Hoffmann, Miller &amp; LaLone, P.C.

Signature

Printed name

Philip R. Warn

Date

December 19, 2006

Reg. No.

32775

**CERTIFICATE OF TRANSMISSION/MAILING**

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Philip R. Warn - Reg. No. 32775

Date

December 19, 2006

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